

09/19/03

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. P32701C2
new nonprovisional applications under 37 CFR 1.53(b))		First Named Inventor Timothy John Henkel
"EXPRESS MAIL CERTIFICATE"		
EXPRESS MAIL MAILING LABEL NUMBER EL964434980US	DATE OF DEPOSIT: 19 September 2003	
I hereby certify that this paper or fee and the papers indicated as being transmitted herewith are being deposited with the United States Postal Service at the Mailing Post Office to Addressee service under 37 CFR 1.10 on the date and with the Mailing Label Number indicated above and addressed to: The Assistant Commissioner for Patents, PATENT APPLICATION, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.		
NAME OF PERSON MAILING PAPER OR FEE (TYPE OR PRINT) Emma Dennis	SIGNATURE Emma Dennis	

22141 U.S. PTO
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APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		7. <input checked="" type="checkbox"/> The Title of the Invention: METHOD OF TREATMENT
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 19-2570 <input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3)) (Submit an original, and a duplicate for fee processing)	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))	
2. <input checked="" type="checkbox"/> The total fee is calculated as shown below: Basic Filing fee \$740.00 Total Claims 14 - 20 = 0 x \$18 \$ 0.00 Independent Claims 2 - 3 = 0 x \$84 \$ 0.00 <input type="checkbox"/> Multiple Dependent Claim present. \$280 TOTAL FILING FEE \$740.00 <input type="checkbox"/> Cancel in this application original claims to _____ of the prior application before calculating the filing fee. <input checked="" type="checkbox"/> Charge \$740.00 to the above indicated Deposit Account.	9. <input type="checkbox"/> ACCOMPANYING APPLICATION PARTS a. <input type="checkbox"/> Information Disclosure Statement (IDS) b. <input type="checkbox"/> PTO-1449 c. <input type="checkbox"/> Copies of all IDS Citations	
3a. <input checked="" type="checkbox"/> Specification excluding Drawings [Total Pages] 11 3b. <input checked="" type="checkbox"/> Abstract on a separate sheet [Total Pages] 1	10. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] _____	11. <input type="checkbox"/> Prior Application is Assigned to: SmithKline Beecham plc (for continuation/divisional with Box 17a completed)	
5. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages] 2 a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17a completed) c. <input type="checkbox"/> Unsigned Declaration [Note Box 6 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	12. <input checked="" type="checkbox"/> Preliminary Amendment [Total Pages] 3	
6. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 5b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
	15. <input checked="" type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. 10/320,081 filed December 16, 2002. A PTO-1449 and a PTO-892 listing the references is enclosed.	
	16. <input type="checkbox"/> Other: _____	

17. <input checked="" type="checkbox"/> Priority Information, check appropriate box and supply the requisite information	
a. The accompanying application is a <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: 10/320,081 filed December 16, 2002.	
b. <input checked="" type="checkbox"/> Benefit is claimed under Title 35, United States Code, Section 119(e) of the following Provisional Applications: Application No. 60/232,809 filed September 15, 2000 and 60/245,744 filed November 3, 2000.	
c. <input type="checkbox"/> ** Add claim to priority via Preliminary Amendment..	
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